



# MyBenefits CalWIN

<https://www.mybenefitscalwin.org>



Case #:

1B4TN89

Zip Code:

95822

or

County Provided Client Identification Number (CIN):

**EBT Card**







# Apply for Benefits

Sacramento County

3% Completed



People



Income



Resources



Expenses



Finish

## People – Your Info

These questions are about you.

**Fill out as much of this application as you can, sign, and submit online. Your application will be effective from the business date your online application is received.**

**Applications submitted online after 5:00 pm will be effective the next business day. If our office is closed on a working business day due to any reason except holidays, your online application will be considered filed on the day the office is closed when submitted before 5:00 pm.**

**For CalFresh applications: You have the right to submit an application with just your name, address and signature to establish your filing date for benefits.**

   \* Your Name

First Name

James

Middle Initial (optional)



[bcw.mybenefitscalwin.org/AFB/](http://bcw.mybenefitscalwin.org/AFB/)

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MyBenefits CalWIN

<https://www.mybenefitscalwin.org>



Example: MMDDYYYY

Step 2: Please select the additional option you would like to use to confirm your identity:

**Social Security Number**



\* Social Security Number:

274-84-5382

**Case Information**







☐ Cash Aid for Needy Adults (General Assistance/General Relief)

The General Assistance or General Relief (GA/GR) Program is designed to provide relief and support to needy adults who are not able to support themselves by their own means, other public funds, or assistance programs. Each county's GA/GR program issues benefits, sets payment levels and eligibility requirements. The next page will provide more information on this program.

## Food Assistance Programs

☐ Food Assistance (CalFresh)

The [CalFresh Program](#), formerly known as Food Stamps and federally known as the Supplemental Nutrition Assistance Program (SNAP), can add to your food budget to put healthy and nutritious food on the table. The program issues monthly electronic benefits that can be used to buy most foods at many markets, farmers' markets and food stores.

## Medi-Cal/Health Care Programs

☐ Insurance Affordability Programs (IAP)

[Insurance Affordability Programs \(IAP\)](#) include Medi-Cal, Advance Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR).

☐ County Medical Services Program (CMSP)

The [County Medical Services Program \(CMSP\)](#) provides





have a way for us to call you, please come into an office near you to apply. Click on 'Contact Us' for more information and a list of our office locations.

## What To Expect When Applying for Benefits

You must answer all questions that are marked with an\*

You will be asked information about your household's resources, income, and expenses. You might want to gather the following information to help you complete the application:

- Copy of your pay stub
- Bills you pay, like rent, utilities, childcare
- View a list of [documents](#) you will be asked to provide

When you sign in with a MyBenefits CalWIN account your information is saved as you complete each page, that way you can return later if you don't finish the first time. Your work will be available for 60 days.

When you have answered all questions, you can upload electronic copies of required documents.

You will also have an opportunity to register to vote.

At the end of the application process you will see a Confirmation Page. If you do not see this page your application has not been submitted.

**Next** ➞

Please Use the 'Next' and 'Back' buttons on the bottom of the pages to move from page to page, instead of using the





What language do you prefer to read (if not English)?



The County now offers options to receive information about your case by email. The questions below let us know your interest and will not sign you up for emails. Your answers will not prevent you from getting information mailed to you. Learn how to sign up to receive [Electronic Notices](#) and [Alerts and text messages](#).

I want to get information about this application by email

☒ Yes ☐ No

I want to get information about my case by email

☒ Yes ☐ No



**Why wait for the mail?**

[Learn how to update your contact settings](#)

⬅ Back

✕ Exit

Next ➡

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# Apply for Benefits

Sacramento County

**Certification**



## RIGHTS AND RESPONSIBILITIES

### You have a responsibility to:

- Give the County all information needed to determine your eligibility.
- Give the County proof of the information you have when it is needed.
- Report changes as required. The County will give you information about what, when, and how to report. For CalFresh and cash aid if you don't meet your household's reporting requirements your case may be closed or your benefits may be lowered or stopped.
- Look for, get, and keep a job or participate in other activities if the County tells you that it is required in your

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

Exit

**Next**





this box:

☐ I do not have a phone or an email address.

Contact Phone

Alternate/Cell Phone

Message/Work

Extension



Email address

jaakovos@gmail.com

Alternate email address

What is the best way for the county to contact you?

<click here to choose> 

**\*Disclaimer - supported communication methods vary by county.**

What is the best day and time to reach you, Monday through Friday 8:00 A.M. - 5:00 P.M.?





# Apply for Benefits

Sacramento County

## Certification



activities if the County tells you that it is required in your case.

- Fully cooperate with county, state, or federal personnel if your case is selected for review or investigation to ensure that your eligibility and benefit level were correctly figured. Failure to cooperate in these reviews will result in loss of your benefits.
- Pay back any cash aid or CalFresh benefits that you were not eligible to get.

### **You have the right to:**

- Turn in an application for CalFresh giving only your name, address, and signature.
- Have an interpreter provided by the State at no cost if you

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

 Exit

**Next** 





# Secure Password Entry

Seeing your Sign-In Picture on this page helps you know that you are on the official MyBenefits CalWIN website, and that it's safe to enter your password.

You must answer all questions that are marked with an \*

## Your Sign-In Picture



You named this picture: Arrow Sculpture

If you don't recognize this picture, then don't enter your password

Enter Password below

\* Password

(8-20 characters, case sensitive)

Sign In



mybenefitscalwin.org/web/cons

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# Help

## **Does getting a one-time cash grant from a voluntary agency (VOLAG) affect my eligibility for RCA?**

No. In determining your eligibility for RCA, your local county office does not count a one-time resettlement cash grant provided to you by your VOLAG.

## **What is the effective date of my eligibility for RCA?**

The date the local county office has sufficient information to make an eligibility decision is the date your RCA begins.

## **When does my RCA end?**

- Your RCA ends on the last day of the eighth month starting with the month of your arrival to the United States. Count the eight months from the first day of the month of your entry into the United States. For example, if you entered the United States on May 28, 2000, May is your first month and December 2000 is your last month of RCA.
- If you get a job, your income will affect your RCA based on the TANF rules. If you earn more than is allowed, you are no longer eligible for RCA. Your medical coverage may continue for up to eight months from your month of arrival in the United States.





# Help

## If I am an asylee, what date will be used as an entry date?

If you are an asylee, your entry date will be the date that your asylum status is granted. For example: You entered the United States on December 1, 1999 as a tourist, then applied for asylum on April 1, 2000, interviewed with the asylum office on July 1, 2000 and were granted asylum on September 1, 2000. Your entry date is September 1, 2000. On September 1, 2000, you may be eligible for refugee cash assistance.

## If I am a victim of human trafficking, what kind of documentation do I need to provide to be eligible for RCA?

You are eligible for RCA to the same extent as a refugee if you are:

- An adult victim, eighteen years of age or older, you provide the original certification letter from the U.S. Department of Health and Human Services (DHHS), and you meet eligibility requirements.
- A child victim under the age of eighteen, with a special letter for children issued by DHHS. Children also have to meet income eligibility requirements;
- A family member of a certified victim of human trafficking, you have a T-2, T-3, T-4, or T-5 Visa (Derivative T-Visas), and you meet other eligibility requirements





MyBenefits CalWIN

<https://www.mybenefitscalwin.org>



[Sign Out](#) | [Help](#)

MyBenefits CalWIN Account

In

Already have a MyBenefits CalWIN Account, please sign in.

Username      jaakovos

[Forgot Username?](#)

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[Privacy and Legal](#)





# Apply for Benefits

Sacramento County

## READ ME FIRST - IMPORTANT

proof. They also may not need a social security number.

### Proof Needed to Get More CalFresh Benefits

- Housing costs (rent receipts, mortgage bills, property tax, insurance).
- Phone and utility costs.
- Medical expenses for anyone in your household who is elderly (60 and older) or disabled.
- Child and adult care costs due to someone working, looking for work, attending training or school, or participating in a required work activity.
- Child support paid by a person in your household.

View/Print Coversheet

I have read and understood the coversheet and that I may print it for my records.

☐ \* I understand

Next





Hi James! Sacramento

## Am I Eligible

### Welcome,

You cannot use this system to apply for General Assistance, County Medically Indigent Services Program, Homeless, or if you are under 21 living with a parent or guardian and are requesting confidential medical services under Medi-Cal without your parent/guardian's knowledge. You must come into our office to apply. Click on "Contact Us" for more information.

"Note: CalWORKs is a program that provides cash aid for families or pregnant women in their last trimester. You can apply for CalWORKs online, but will have to come into the office for an intake interview. General Assistance is a short term loan for indigent single adults. Apply in person at an office nearest you. Click on "Contact Us" for more information and a list of our office locations."

This part of the website is a tool to see if you might be able to get benefits.

- Food Assistance
- Medical Services





# Apply for Benefits

Sacramento County

## **READ ME FIRST - IMPORTANT**

utilities) are more than your monthly gross income and money in checking or savings; or

- You are a migrant or seasonal farmworker household with less than \$100 in checking or savings and 1) your income stopped, or 2) your income has started but you do not expect to get more than \$25 in the next 10 days.

For cash aid, you may get immediate assistance if:

- You are homeless or have an eviction notice or notice to pay rent or move; or
- Your food will run out within three days;
- Your utilities have been or will be shut off;
- You don't have sufficient clothing or diapers;



View/Print Coversheet

I have read and understood the coversheet and that I may print it for my records.

☐ \* I understand

**Next** 





Step 1: Please enter your Date of Birth below:

\* Date Of Birth:

08/11/1970

Example: MMDDYYYY

Step 2: Please select the additional option you would like to use to confirm your identity:

**Social Security Number**



**Case Information**



Enter either Case # and Zip code, or an ID provided by the County.

Case #:

1B4TN89

Zip Code:

95822

or

County Provided Client Identification Number (CIN):





# Help

1. Sign-in to MyBenefits CalWIN. If you do not have a MyBenefits CalWIN account, create one now by clicking the **Create an Account** button on the home page.
2. Once signed into MyBenefits CalWIN, select **Notifications** from the top menu bar.
3. Select **Contact Settings**
4. Select a case from the dropdown menu
5. Verify that your email is correct. This is the address where emails will be sent when an eNotice is available to view online in your MyBenefits CalWIN eNotice inbox.
6. Select the **eNotices** tab
7. Select "Yes" when asked if you want to receive your notifications by email.
8. Select whether you want to receive eNotices by email, or both regular mail and email.
9. If you have more than one case, you will need to repeat these steps for each case.
10. Select "Save" to save your changes.

## How to view notices in Documents

If you have signed up for eNotices you will have the ability to view documents from the County telling you information about your benefits. When you choose a document listed in the inbox, it will display the notice in your default PDF viewer on your computer. You can change (filter) the number of documents listed by using the dropdown fields for case and date.







# Apply for Benefits

Sacramento County

3% Completed



People



Income



Resources



Expenses



Finish

## People – Your Info

These questions are about you.

Fill out as much of this application as you can, sign, and submit online. Your application will be effective from the business date your online application is received.



[bcw.mybenefitscalwin.org/AFB/](https://bcw.mybenefitscalwin.org/AFB/)







Step 1: Please enter your Date of Birth below:

\* Date Of Birth:

08/11/1970

Example: MMDDYYYY

Step 2: Please select the additional option you would like to use to confirm your identity:

Social Security Number >

Case Information >

EBT Card >

Save

Change County >

Password >







Apply for Benefits

Sacramento County

**READ ME FIRST - IMPORTANT**

- household (recent bank statements).
- Earned income of everyone in your household for the past 30 days (recent pay stubs, a work statement from an employer). NOTE: If self-employed, income and expenses or tax records.
  - Unearned income (Unemployment benefits, SSI, Social Security, Veteran’s benefits, child support, worker’s compensation, school grants or loans, rental income, etc.).
  - Lawful immigration status ONLY for legal noncitizens applying for benefits (an Alien Registration Card, visa) NOTE: Certain noncitizens applying for immigration status based on domestic violence, crime prosecution or trafficking may not need this

View/Print Coversheet

I have read and understood the coversheet and that I may print it for my records.

☐ \* I understand

Next ➡





## Apply for Benefits

## Sacramento County



## Certification



need one.

- Have information given to the County kept confidential, unless directly related to the administration of County programs.
- Withdraw your application at any time prior to the County determining eligibility.
- Ask for help to fill out your application or help getting the proof that you need and get an explanation of the rules.
- Be treated with courtesy, consideration and respect, and not be discriminated against.
- Get CalFresh benefits within 3 days if you qualify for Expedited Service.
- Get cash aid within one day if you qualify for Immediate Need.

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞





# Apply for Benefits

Sacramento County

## Certification



**For CalFresh I understand that if I commit an intentional program violation by doing any of the following:**

- hide information or make false statements
- use electronic benefit transfer (EBT) cards that belong to someone else or let someone else use my card
- use CalFresh benefits to buy alcohol or tobacco
- trade, sell, or give away CalFresh benefits or EBT cards
- trade CalFresh benefits for controlled substances, such as drugs
- give false information about who I am and where I live so I can get extra CalFresh benefits
- have been convicted of trading or selling CalFresh benefits worth more than \$500, or trading CalFresh benefits for

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞





# Apply for Benefits

Sacramento County

## Certification



increase your benefits, such as getting less income.

### State Hearing

You have the right to a state hearing if you do not agree with any action taken regarding your application or your ongoing benefits. You can request a state hearing within 90 days of the county's action and you must tell why you want a hearing. The approval or denial notice you receive from the County will have information on how to request an appeal. If you ask for a hearing before the action happens, you may be able to keep your cash aid and CalFresh benefits the same until a decision is made.

### Privacy Act and Disclosure

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞



Search

Go

## RCA (Refugee Cash Assistance)

### What is Refugee Cash Assistance (RCA)?

**Refugee Cash Assistance (RCA)** program is for needy refugees without children who are not otherwise eligible for any other cash aid may be eligible for 8 months of RCA. These individuals may also be eligible to receive employment and other social services during the same 8-month period.

### Who can apply for refugee cash assistance (RCA)?

Anyone can apply at the local county office for Refugee Cash Assistance and have their eligibility determined within thirty days.

### How do I apply for RCA?

You can apply for RCA by completing an online application. You can also apply by going to the local county office during business hours. View [Contact Us](#) to





# Apply for Benefits

Sacramento County

## Certification



### Use of Social Security Numbers (SSN)

CalFresh and Cash Aid: Everyone applying for CalFresh benefits or cash aid needs to provide a SSN, if you have one, or proof that you have applied for a SSN (such as a letter from the Social Security Office). We can deny you or any member of your household who does not give us a SSN. Some people do not have to give SSNs to get help such as, victims of domestic abuse, crime prosecution witnesses, and trafficking victims.

Health Coverage/Medi-Cal: We need your SSN if you want health coverage and have a SSN. Providing your SSN can be helpful if you don't want health coverage too since it can speed up the application process. We use SSNs to check income and other information to see who's eligible for help.

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞





Hi James! Sacramento

## Apply for Benefits

You cannot use this system to apply for General Assistance, County Medically Indigent Services Program, Homeless, or if you are under 21 living with a parent or guardian and are requesting confidential medical services under Medi-Cal without your parent/guardian's knowledge. You must come into our office to apply. Click on "Contact Us" for more information.

"Note: CalWORKs is a program that provides cash aid for families or pregnant women in their last trimester. You can apply for CalWORKs online, but will have to come into the office for an intake interview. General Assistance is a short term loan for indigent single adults. Apply in person at an office nearest you. Click on "Contact Us" for more information and a list of our office locations."

### CalWORKs Immediate Need

If you apply for CalWORKs and request Immediate Need, we must meet with you in person within 24 hours. If you are applying after office hours, you will be called the next business day. Please provide a phone number and make sure we can call you to come to our office. If you do not have a way for us to call you, please come into an office near you to apply. Click on 'Contact Us' for more information and a list of our office locations





## Contact Information

**\* Please provide a phone number or email address.**

If you do not have a phone or an email address please check this box:

☐ I do not have a phone or an email address.

Contact Phone

9165625584

Alternate/Cell Phone

Message/Work

Extension



Email address

jaakovos@gmail.com

Alternate email address

What is the best way for the county to contact you?

<click here to choose>



**\*Disclaimer - supported communication methods vary by**





# Apply for Benefits

Sacramento County

4% Completed



People



Income



Resources



Expenses



Finish

## Expedited and/or Immediate Assistance

It is important to let the county know if you have an emergency. Please complete the following questions

### \*CalFresh Expedited Benefits



Is your household's gross income less than \$150 and cash on hand, checking and savings accounts of \$100 or less?

☒ Yes ☐ No

Is your household's combined gross income and liquid resources less than the combined rent/mortgage and utilities?

☐ Yes ☒ No

Is your household a migrant/seasonal farm worker household with liquid resources not exceeding \$100?

☐ Yes ☒ No





# Apply for Benefits

Sacramento County

## Certification



certification period, whichever is earlier. You can ask the County to let your benefits change until after the hearing to avoid having to pay back any overpaid benefits. If the Administrative Law Judge rules in your favor, the County will give the benefits that were cut back to you.

- Ask about your hearing rights or for a legal aid referral at the toll-free phone numbers – 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349. You may get free legal help at your local legal aid or welfare rights office.
- Bring a friend or someone with you to this hearing if you do not want to go alone.
- Get help from the County to register to vote.
- Report changes that you are not required to report, if it

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞





# Help

- Last Name

## Sign-In Info

- Email Address
- Email Language
- Select New Secret Questions and Answers
- Change the Name of the Image

## Detail Info

- Select to view benefits in another county
- Choose whether you want to view your case (benefit) information on this website.

Please note: If you have moved and need to change your address you must contact an eligibility worker. Making changes to your MyBenefits CalWIN account does not change your case information with the county.

## Password

- Change your password

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What is the best day and time to reach you, Monday through Friday 8:00 A.M. - 5:00 P.M.?

Tuesday at 3

What is your preferred method of communication?

Email address 

What language do you prefer to speak (if not English)?



We may send you written information in the future.  
What language do you prefer to read (if not English)?



The County now offers options to receive information about your case by email. The questions below let us know your interest and will not sign you up for emails. Your answers will not prevent you from getting information mailed to you. Learn how to sign up to receive [Electronic Notices](#) and [Alerts and text messages](#).

I want to get information about this application by email

☒ Yes
 ☐ No

I want to get information about my case by email

☒ Yes
 ☐ No



**Why wait for the mail?**

[Learn how to update your contact settings](#)





# Apply for Benefits

Sacramento County

## Certification

?

County may share this information with other federal and state agencies for official examination, with law enforcement officials for the purpose of arresting persons fleeing to avoid the law, and with private claims collection agencies for claims collection action. The County may verify immigration status of household members applying for benefits by contacting the USCIS. Information the County gets from these agencies may affect your eligibility and level of benefits.

The County will use the information from your application to check your eligibility for help with paying for health coverage. The County will check your answers using information in state and federal electronic databases and databases from the Internal Revenue service (IRS), Social

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand





MyBenefits CalWIN

<https://www.mybenefitscalwin.org>



Hi James! Sacramento

# MyBenefits CalWIN Account

Personal Info



Sign-In Info



Detail Info



 Errors found on page.

Do you want to view your case (benefit) information on this website?

- ☐ No, I do not want to view my case information on this website (you do not need to provide your Date of Birth or other identifying information)
- ☒ Yes, I want to view my case information on this website (please provide your Date of Birth and other identifying information below)

Step 1: Please enter your Date of Birth below:





# Apply for Benefits

Sacramento County

## Certification



### How do I get/use my benefits?

#### CalFresh and Cash Aid:

- The County will mail or give you a plastic Electronic Benefit Transfer (EBT) card. Benefits will be put on the card when your application is approved. Sign your card when you get it. You will set up a Personal Identification Number (PIN) to get cash from ATMs or to buy food and/or other items.
- If your EBT card is lost, stolen or destroyed, call (877) 328-9677 right away. Also, you may call the County right away.
- Make sure your authorized representative also knows how to report a lost or stolen EBT card or PIN. Any benefits taken from your account before you report the EBT card or

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞





## Certification



(BIC).

- Sign your BIC when you get it and use it only to get necessary health care services.
- Never throw your BIC away (unless we give you a new BIC). You need to keep your BIC even if you stop getting Medi-Cal. You can use the same BIC if you get cash aid or Medi-Cal again.
- Take the BIC to your medical provider when you or a family member is sick or has an appointment.
- Take the BIC to the medical provider who treated you or your family member(s) in an emergency situation as soon as possible after the emergency.
- For other health care programs you will receive a health plan card from your particular carrier.

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☒ \* I understand

✕ Exit

Next ➞

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# Apply for Benefits

Sacramento County

## Certification



firearms, ammunition, or explosives

### I may...

- lose CalFresh benefits for 12 months for the first offense and be required to repay all CalFresh benefits overpaid to me
- lose CalFresh benefits for 24 months for the second offense and be required to repay all CalFresh benefits overpaid to me
- lose CalFresh benefits permanently for third offense and be required to repay all CalFresh benefits overpaid to me
- be fined up to \$250,000, imprisoned up to 20 years or both
- lose CalFresh benefits for 24 months for the first offense
- lose CalFresh benefits permanently for the second

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞

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# Am I Eligible

Sacramento County

0% Completed

## People in Your Home

Please give us information about you.

### \*Your Information



First Name

Age (years old)



Gender?

☐ Male ☐ Female

Does this person receive Supplemental Security Income/  
State Supplemental Payment (SSI/SSP)?

☐ Yes ☐ No

Is this person a US Citizen or have Immigration documents to  
provide for legal non-visitor Immigration status?  
(See FAQ's – Immigration for further information)

☐ Yes ☐ No



bcw.mybenefitscalwin.org/EA/A

24







- Bills you pay, like rent, utilities, childcare
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**Next** ➞

Please Use the 'Next' and 'Back' buttons on the bottom of the pages to move from page to page, instead of using the buttons on your web browser (do not use the arrow buttons at the top).

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[Privacy and Legal Notice](#) | Version 6.4.52.1219







 **Announcements SNAP phone scam alert!** Do not respond to calls from **SNAP toll free information hotline number: 1-800-221-5689**. This number is not affiliated with FNS or SNAP. [Read about SNAP phone scam alert](#)



## Get medical, food and cash assistance now.

MyBenefits CalWIN is the fast, easy way for California residents to get the help they need.

[Create An Account](#)

[Sign In](#)



mybenefitscalwin.org/

24







What is the best way for the county to contact you?

Email address



**\*Disclaimer - supported communication methods vary by county.**

What is the best day and time to reach you, Monday through Friday 8:00 A.M. - 5:00 P.M.?

What is your preferred method of communication?

<click here to choose>



What language do you prefer to speak (if not English)?



We may send you written information in the future.

What language do you prefer to read (if not English)?



The County now offers options to receive information about your case by email. The questions below let us know your interest and will not sign you up for emails. Your answers will not prevent you from getting information mailed to you. Learn how to sign up to receive [Electronic Notices](#) and [Alerts and text messages](#).

I want to get information about this application by email

☐ Yes

☐ No

I want to get information about my case by email





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## Apply for Benefits

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mybenefitscalwin.org/grou



24







# Apply for Benefits

Sacramento County

## Certification



- Be interviewed in a reasonable amount of time by the county when you apply and to have your eligibility determined within 30 days for CalFresh or 45 days for cash aid and Medi-Cal.
- Get at least 10 days to give proof to the County that is needed to make a determination of eligibility.
- Get written notice at least 10 days before the County lowers or stops your CalFresh or cash aid benefits.
- Discuss your case with the County and to review your case when you ask to do so.
- Ask for a state hearing within 90 days if you do not agree with the County about your case. If you ask for a hearing before an action on your case takes place, your benefits will stay the same until the hearing or the end of your

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞

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welcome to myBenefits CalWIN Overview. This page has information about your benefits, such as program status. The View link button will show you more access to benefit amounts and history, reporting/renewal status, and how to contact a county representative.

Your Benefit Overview will not be available until you approve that your case information can be viewed on line. This can be completed within [MyBenefits CalWIN Account](#).

## I would like to...

[See if I Am Eligible](#) >

[Apply for Benefits](#) >

[View or Continue an Application](#) >

[Affordable Health Insurance](#) >

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# Apply for Benefits

Sacramento County

## Request for Assistance



This application is a fast and easy way for California residents to apply for medical, food, and cash assistance programs.

What would you like to apply for?

## \$ Cash Aid Programs

☐ Cash Aid for Families with Children (CalWORKs)

CalWORKs is a [cash aid program for low income families with children](#) to meet their basic needs. It also provides education, employment, and training programs to help families get jobs and move towards self-sufficiency. \*A face-to-face interview is required after you submit this application.

☐ Refugee Cash Assistance (RCA)

Needy refugees without children, who are not otherwise eligible for any other cash aid, may be eligible for 8 months of [Refugee Cash Assistance](#). These individuals may also be eligible to receive employment and other social services during the same 8-month period.

☐ Cash Aid for Needy Adults (General



bcw.mybenefitscalwin.org/AFB/

24







2:09 PM



# MyBenefits CalWIN

<https://www.mybenefitscalwin.org>



[Sign Out](#) | [Help](#) | [FAQs](#) | [Contact Us](#) | [Language](#)

Overview

MyBenefits CalWIN Account

## Sign In

If you already have a MyBenefits CalWIN Account, please sign in.

Username

[Forgot Username?](#)

Next

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MyBenefits CalWIN

<https://www.mybenefitscalwin.org>



## Secure Password Entry

Seeing your Sign-In Picture on this page helps you know that you are on the official MyBenefits CalWIN website, and that it's safe to enter your password.

You must answer all questions that are marked with an \*

### Your Sign-In Picture



You named this picture: Arrow Sculpture

If you don't recognize this picture, then don't enter your password

\* Password

.....

(8-20 characters, case sensitive)

Sign In

[Forgot Password?](#)





# Help

## Are there other reasons why RCA may end?

Your RCA also ends if:

- You move out of the state;
- Your unearned income and/or resources go over the maximum limit; or
- You, without good cause, refuse to meet refugee employment and training requirements.

## Will my spouse be eligible for RCA, if he/she arrives in the U.S. after me?

When your spouse arrives in the United States, the local county office determines his/her eligibility for RCA and/or other cash assistance programs.

- Your spouse may be eligible for up to eight months of RCA based on his/her date of arrival into the United States.
- If you live together, you and your spouse are part of the same assistance unit and your spouse's eligibility for RCA is determined based on your and your spouse's combined income.

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Enter Password below

\* Password

.....

(8-20 characters, case sensitive)

**Sign In**

[Forgot Password?](#)

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Apply for Benefits

Sacramento County



People



Income



Resources



Expenses



Finish

 Important Information for Applicants

parent, step-parent, and any biological, step, and adopted siblings. If you wish your child to be evaluated for Medi-Cal eligibility, please ask the custodial parent to apply for Medi-Cal health insurance benefits on behalf of your non-custodial child.

# Immigrant Applicants

You can apply for and get CalFresh for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for CalFresh for their U.S. citizen or qualified immigrant children, even though the

protected by reCAPTCHA

Privacy - Terms



✕ Exit

Next ➞





Enter Password below

\* Password

.....

(8-20 characters, case sensitive)

**Sign In**

[Forgot Password?](#)

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# Apply for Benefits

Sacramento County



People



Income



Resources



Expenses



Finish

## Important Information for Applicants

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## Immigrant Applicants

You can apply for and get CalFresh for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for CalFresh for their U.S. citizen or qualified immigrant children, even though the

protected by reCAPTCHA

[Privacy](#) - [Terms](#)



✕ Exit

Next ➞





Hi James! Sacramento

 **Announcements URGENT EBT Facebook scam alert!** Do not call EBT phone numbers posted on Facebook. [Read about EBT alert](#)



## MyBenefits Overview



Welcome to MyBenefits CalWIN Overview. This page has information about your benefits, such as program status. The View link button will show you more access to benefit amounts and history, reporting/renewal status, and how to contact a county representative.

Your Benefit Overview will not be available until you approve that your case information can be viewed on line. This can be completed within [MyBenefits CalWIN Account](#).

## I would like to...

[See if I Am Eligible](#) >





# Apply for Benefits

Sacramento County

## Certification



offense.

- lose CalFresh benefits for 10 years for each offense
- lose CalFresh benefits forever

### **For cash aid I understand that if I...**

- am convicted of an intentional program violation
- do not follow cash aid rules
- am found guilty by a court of law or an administrative hearing of committing certain types of fraud

### **I may...**

- lose my cash aid
- be fined up to \$10,000 and/or sent to jail/prison for 5 years

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞

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# Apply for Benefits

## Sacramento County

### Certification

may increase your CalFresh benefits or cash aid.

- Give proof of your household's expenses that may help you get more CalFresh benefits. Not giving proof to the County is the same as saying that you do not have that expense and you will not be able to get more CalFresh benefits.
- Let the County know if you would like someone else to use your CalFresh benefits for your household or help with your CalFresh case (Authorized Representative).
- You are also giving the Medi-Cal agency the right to pursue and get medical support from a spouse or parent. If you think that cooperating to collect medical support will harm you or your children, you can tell the Medi-Cal agency and you may not have to cooperate.

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit
Next ➞



# Apply for Benefits

## Sacramento County

**READ ME FIRST - IMPORTANT**

**What if I am homeless:**

Please let the County know right away if you are homeless so they can help you figure out an address to use to accept your application and get notices from the County regarding your case. For CalFresh and cash aid, homeless means you are:

- A. Staying in a supervised shelter, halfway house, or similar place.
- B. Staying at the home of another person or family for no more than 90 days straight.
- C. Sleeping in a place not designed for, or normally used, as a place to sleep (a hallway, a bus station, a lobby, or similar places).

[View/Print Coversheet](#)

I have read and understood the coversheet and that I may print it for my records.

☐
\* I understand

Next





# Apply for Benefits

Sacramento County



People



Income



Resources



Expenses



Finish

## Important Information for Applicants

parents may not be eligible for benefits.

- You do not have to provide immigration status information, social security numbers, or documents for any family members who are not eligible for CalFresh because of immigration status and who are not asking for CalFresh.
- Using CalFresh will not affect your immigration status or the immigration status of your family. Immigration information is private and confidential.

## Social Security Number (SSN)

protected by reCAPTCHA

[Privacy](#) - [Terms](#)



✕ Exit

Next ➞





# Apply for Benefits

Sacramento County

## **READ ME FIRST - IMPORTANT**

### Additional Proof Needed for Health Coverage

- Information about any job related health insurance available to your family.
- Policy numbers for any current health insurance.

### Additional Proof Needed for Cash Aid

- Proof of immunizations for children six years of age or younger.
- Vehicle registration for vehicles owned by you or someone you are applying for.

### What if I am homeless?

Please let the County know right away if you are homeless



View/Print Coversheet

I have read and understood the coversheet and that I may print it for my records.

☐ \* I understand

**Next** ➞



bcw.mybenefitscalwin.org/



24







# Apply for Benefits

Sacramento County



People



Income



Resources



Expenses



Finish

## Important Information for Applicants

Your social security number (SSN) will be used to check identity to prevent duplicate participation and to verify eligibility and benefits. The SSN will be used in computer matches to check your income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with you and with employers, banks, or others. Fraudulent participation in the CalFresh Program may result in criminal or civil action or administrative claims.

Providing your SSN is not required when you first submit your application. However, you will be asked to give us information to figure the eligibility and benefits for other members of your household. You usually have to give us

protected by reCAPTCHA

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Exit

Next



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24







Hi James! Sacramento

**Announcements URGENT EBT Facebook scam alert!** Do not call EBT phone numbers posted on Facebook. [Read about EBT alert](#)



## MyBenefits Overview



Welcome to MyBenefits CalWIN Overview. This page has information about your benefits, such as program status. The View link button will show you more access to benefit amounts and history, reporting/renewal status, and how to contact a county representative.

Your Benefit Overview will not be available until you approve that your case information can be viewed on line. This can be completed within [MyBenefits CalWIN Account](#).

## I would like to...

[See if I Am Eligible](#)





# Apply for Benefits

Sacramento County

## READ ME FIRST - IMPORTANT

### How do I apply?

Use this application if you are for applying for food assistance (CalFresh), cash aid (California Work Opportunity and Responsibility to Kids or Refugee Cash Assistance), Medi-Cal and/or other health care programs. If you want to apply for CalFresh only, you can ask the County for the CalFresh only application. CalFresh is a food assistance program to help you with the cost of buying food for your household. If you want to apply for health care only, you can ask the county for a health care only application. Health care includes: low-cost insurance for Medi-Cal; affordable private health insurance; or a tax credit that can help you pay your premiums for health coverage. Do not use this application if you are applying for only health care.

View/Print Coversheet

I have read and understood the coversheet and that I may print it for my records.

☐ \* I understand

Next





# Apply for Benefits

Sacramento County

## Certification



**Please take and keep for your records**

### Program Rules and Penalties

You are committing a crime if you give false or wrong information, or do not give all the information on purpose to try to get CalFresh, cash aid, and Medi-Cal, that you are not eligible to receive, or to help someone else get benefits that they are not eligible to receive. You must pay back any benefits you get that you were not eligible to receive. If you do this on purpose and receive more than \$950 in benefits you were not eligible to receive, you can be charged with a felony.

**For CalFresh I understand that if I commit an intentional**

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞

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# Help

document listed in the inbox, it will display the notice in your default PDF viewer on your computer. You can change (filter) the number of documents listed by using the dropdown fields for case and date.

Note: Use the link to download the Adobe Acrobat Reader if you don't have a PDF viewer already installed, or have one that is not supported or is outdated.

Follow these steps to view your notices online:

1. Select **Documents** from the top menu.
2. Select **eNotice Inbox**
3. The **Notifications** Inbox page will display.
4. Select the **eNotices** tab
5. Select the type of notices and the date range and select the **Go** button.
6. Your documents will display.
7. Select the name of the document to open the document.
8. Your notices will be available for viewing six months from the date the notice was sent to your inbox. Notices older than six months will not display in the inbox.

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MyBenefits CalWIN

<https://www.mybenefitscalwin.org>



Hi James! Sacramento

# MyBenefits CalWIN Account



## Personal Info



From here you can change your basic personal information. Just enter your new information, click the Save button and re-enter your password when prompted.

\* First Name

James

Middle Initial

E

\* Last Name

Horton

Save

Sign-In Info







# Apply for Benefits

Sacramento County

## READ ME FIRST - IMPORTANT

### What is Homelessness:

Please let the County know right away if you are homeless so they can help you figure out an address to use to accept your application and get notices from the County regarding your case. For CalFresh and cash aid, homeless means you are:

- A. Staying in a supervised shelter, halfway house, or similar place.
- B. Staying at the home of another person or family for no more than 90 days straight.
- C. Sleeping in a place not designed for, or normally used, as a place to sleep (a hallway, a bus station, a lobby, or similar places).

View/Print Coversheet

I have read and understood the coversheet and that I may print it for my records.

☒ \* I understand

Next





Choose Your Image:

Landmarks ▼

Go

\* Name this Image:

Arrow Sculpture

Please give your security photo a name. The photo and name you give it will show every time you enter your username in to MyBenefits CalWIN. When you see your photo with the name you give it, you will know you are on the official MyBenefits CalWIN website and it's ok to enter your password.

Save

Detail Info >

Change County >

Password >

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# Apply for Benefits

Sacramento County



People



Income



Resources



Expenses



Finish

## Important Information for Applicants

# Important Information for Applicants

You can complete this application and request health insurance for you and your non-custodial child. However, CalHEERS will not be able to determine your non-custodial child's eligibility for Medi-Cal health insurance benefits. In order to determine Medi-Cal health insurance eligibility for your non-custodial child, CalHEERS will need to know additional information about family members who live with your non-custodial child, such as the child's biological

protected by reCAPTCHA

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✕ Exit

Next ➞



bcw.mybenefitscalwin.org/



24







# Help

Search

Go

## How to sign up to receive Electronic Notices

### How to Sign up to receive your County notices online

There are a few things that you need to do in order to receive notices electronically (eNotices).

1. You must have an email address.
2. You must create a [MyBenefits Account](#)
3. You must have a case (which will be created for you once the county receives your application, usually takes one to three days after an application has been submitted).
4. You must sign the Electronic Notification Agreement located in Contact Settings.

Follow these steps to setup your eNotices inbox in MyBenefits CalWIN:

1. Sign-in to MyBenefits CalWIN. If you do not have a MyBenefits CalWIN account, create one now by clicking the **Create an Account** button on the home page.





# Apply for Benefits

Sacramento County

## Certification



USDA or California Department of Social Services (CDSS):  
USDA, Director  
Office of Civil Rights, Room 326-W  
Whitten Building  
1400 Independence Ave.  
Washington D.C. 20250-9410  
1-202-720-5964 (voice and TDD)  
CDSS  
Civil Rights Bureau  
P.O.BOX 944243, M.S. 8-16-70  
Sacramento, CA 94244-2430  
1-866-741-6241 (Toll Free)  
USDA is an equal opportunity employer.

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞

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# Apply for Benefits

Sacramento County

**Certification**



## Privacy Act and Disclosure

You are giving personal information in the application. The County uses the information to see if you are eligible for benefits. If you do not give the information, the County may deny your application. You have a right to review, change, or correct any information that you gave to the county. The County will not show your information or give it to others unless you give them permission or federal and state law allows them to do so. The County will verify this information through computer matching programs, including the Income and Earnings Verification System (IEVS). This information will be used to monitor compliance with program regulations and for program management. The

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

Exit

**Next**

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MyBenefits CalWIN



First Name

Age (years old)



Gender?

- ☐ Male ☐ Female

Does this person receive Supplemental Security Income/  
State Supplemental Payment (SSI/SSP)?

- ☐ Yes ☐ No

Is this person a US Citizen or have Immigration documents to  
provide for legal non-visitor Immigration status?  
(See FAQ's – Immigration for further information)

- ☐ Yes ☐ No

✕ Exit

Next ➞

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MyBenefits CalWIN

<https://www.mybenefitscalwin.org>



Social Security Number



Case Information



EBT Card



\* EBT Card Number:

5077 1901 7034 5769

[How do I find my EBT Card Number?](#)





[view security details](#)

This email has been sent in response to your request for a forgotten MyBenefits CalWIN password. To initiate the password reset process you must click the link below:

<https://www.mybenefitscalwin.org/mbp/getstarted/passwordreset.htm?si05=YTI4YWlwYmVIMTYwYjdjMjZmN2M2MWVkm2M2Y2YzOWE=BCW&tp22=MTg1Yzk1JTViYTI4NmEzZDk1Yzk4NmNkJTc2NGJlJTc=BCW>

If clicking the link above doesn't work, please copy and paste the URL in a new browser window instead.

Note: Please contact the County if you have any issues. To get your Counties contact information select the Contact Us button on the MyBenefits CalWIN homepage.

This message has been forwarded to you by MyBenefits CalWIN on 2020-11-13 at 13:30:25.

**\*\* Please DO NOT reply to this email - responses to this email box are not monitored. \*\***



Reply



Reply all



Forward



[People](#)[Income](#)[Resources](#)[Expenses](#)[More](#)

## Expedited and/or Immediate Assistance

It is important to let the county know if you have an emergency. Please complete the following questions

### \*CalFresh Expedited Benefits



Is your household's gross income less than \$150 and cash on hand, checking and savings accounts of \$100 or less?

☒ Yes ☐ No

Is your household's combined gross income and liquid resources less than the combined rent/mortgage and utilities?

☐ Yes ☒ No

Is your household a migrant/seasonal farm worker household with liquid resources not exceeding \$100?

☐ Yes ☒ No

 Back

 Exit

Next 

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# Apply for Benefits

Sacramento County

**READ ME FIRST - IMPORTANT**

this application if you are applying for only health care.

You can also apply for these programs online by going to <http://www.benefitscal.org/>.

- Fill out the whole application form, if you can. You must at least give the County your name, address, and signature (question 1 on page 1 of the application) to begin the application process for CalFresh. For cash aid you must fill out questions 1 through 5 on pages 1 and 2 of the application and sign it to begin the application process.
- Each program has an indicator (shown top of page) showing what questions pertain to that program. For cash aid, it is a dollar sign; for CalFresh, it is a

View/Print Coversheet

I have read and understood the coversheet and that I may print it for my records.

☐
 \* I understand

Next





MyBenefits CalWIN

<https://www.mybenefitscalwin.org>

Hi James! Sacramento

# MyBenefits CalWIN Account

Personal Info



Sign-In Info



Detail Info



Errors found on page.

Do you want to view your case (benefit) information on this website?

- ☐ No, I do not want to view my case information on this website (you do not need to provide your Date of Birth or other identifying information)
- ☒ Yes, I want to view my case information on this website (please provide your Date of Birth and other identifying information below)

Step 1: Please enter your Date of Birth below:





# Apply for Benefits

Sacramento County

## Certification



with health coverage costs. If someone wants help getting an SSN, Call 1-800-772-1213 or visit the website: [www.socialsecurity.gov](http://www.socialsecurity.gov)

### Overissuance

This means you got more CalFresh benefits than you should have. You will have to pay it back even if the county made an error or if it wasn't on purpose. Your benefits may be lowered or stopped. Your SSN may be used to collect the amount of benefits owed, through the courts, other collection agencies, or federal government collection action.

### Overpayment

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞

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# Apply for Benefits

Sacramento County

## **READ ME FIRST - IMPORTANT**

application.

- You must have an interview with the County to discuss your application. If you have a disability, other arrangements can be made.
- If you did not fill out all of the application, you can finish it during your interview.
- You will need to give proof of your income, expenses, and other circumstances to see if you are eligible.

## How long will it take?

It may take up to 30 days to process your application for CalFresh. For cash aid and Medi-Cal it may take up to 45 days. Ask the County how to get your benefits or health care right away if you have an emergency.


[View/Print Coversheet](#)

I have read and understood the coversheet and that I may print it for my records.

☐ \* I understand

**Next** 





information. Just enter your new information, click the Save button and re-enter your password when prompted.

## Account Information

\*Email Address

jaakovos@gmail.com

\*Retype Email Address

jaakovos@gmail.com

\*Email Language

English



## Sign In Information

\* Username jaakovos

## Select Secret Questions & Answers

\* Secret Question 1:

What was the first concert you attended?



Answer to Question 1:

Do not remember

\* Secret Question 2:

With whom did you want to go to the prom?



Answer to Question 2:

Noone





## What To Expect When Applying for Benefits

You must answer all questions that are marked with an\*

You will be asked information about your household's resources, income, and expenses. You might want to gather the following information to help you complete the application:

- Copy of your pay stub
- Bills you pay, like rent, utilities, childcare
- View a list of [documents](#) you will be asked to provide

When you sign in with a MyBenefits CalWIN account your information is saved as you complete each page, that way you can return later if you don't finish the first time. Your work will be available for 60 days.

When you have answered all questions, you can upload electronic copies of required documents.

You will also have an opportunity to register to vote.

At the end of the application process you will see a Confirmation Page. If you do not see this page your application has not been submitted.

**Next** ➡

Please Use the 'Next' and 'Back' buttons on the bottom of the pages to move from page to page, instead of using the buttons on your web browser (do not use the arrow buttons at the top).





# Apply for Benefits

Sacramento County

## Certification



### Work Rules for CalFresh

The county may assign you to a work program. They will tell you if it is voluntary or if you must do the work program. If you have a mandatory work activity and you do not do it, your benefits may be lowered or stopped.

You may not be eligible to CalFresh if you have recently quit a job.

### Work Rules for CalWORKs (Welfare to Work)

If you get cash aid, you must participate in Welfare-to-Work (WTW) unless you are exempt. The county will tell you if you are exempt from WTW. If you do not do your assigned activities your cash aid may be lowered or stopped.

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞

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# Apply for Benefits

Sacramento County

## Certification



activities if the County tells you that it is required in your case.

- Fully cooperate with county, state, or federal personnel if your case is selected for review or investigation to ensure that your eligibility and benefit level were correctly figured. Failure to cooperate in these reviews will result in loss of your benefits.
- Pay back any cash aid or CalFresh benefits that you were not eligible to get.

### You have the right to:

- Turn in an application for CalFresh giving only your name, address, and signature.
- Have an interpreter provided by the State at no cost if you

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞

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# Your MyBenefits CalWIN Account Request



Inbox



do\_not\_reply@calwin.org



to me

1:30 PM [View details](#)

This email has been sent in response to your request for a forgotten MyBenefits CalWIN password. To initiate the password reset process you must click the link below:

<https://www.mybenefitscalwin.org/mbp/getstarted/passwordreset.htm?si05=YTI4YWlwYmVIMTYwYjdjMjZmN2M2MWVhM2M2Y2YzOWE=BCW&tp22=MTg1Yzk1JTViYTI4NmEzZDk1Yzk4NmNkJTc2NGJlJTc=BCW>

If clicking the link above doesn't work, please copy and paste the URL in a new browser window instead.

Note: Please contact the County if you have any issues. To get your Counties contact information select the Contact Us button on the MyBenefits CalWIN homepage.

This message has been forwarded to you by MyBenefits CalWIN on 2020-11-13 at 13:30:25.

**\*\* Please DO NOT reply to this email - responses**





MyBenefits CalWIN

<https://www.mybenefitscalwin.org>



Hi James! Sacramento

# MyBenefits CalWIN Account

Personal Info



Sign-In Info



Detail Info



Errors found on page.

Do you want to view your case (benefit) information on this website?

- ☐ No, I do not want to view my case information on this website (you do not need to provide your Date of Birth or other identifying information)
- ☒ Yes, I want to view my case information on this website (please provide your Date of Birth and other identifying information below)

Step 1: Please enter your Date of Birth below:





# Apply for Benefits

Sacramento County

## **READ ME FIRST - IMPORTANT**

- Other kinds of emergencies important to health and safety

To help the County see if you can get benefits faster, please complete all questions and give the County proof of your identity (if you have it) with the application.

The County will send you a letter to let you know if your household is approved or denied for the benefits you applied for.

## What do I need for my interview?

To avoid delays, bring proof of the following items with you to your interview. Keep your interview even if you do not have the proof. The County may be able to help if you need

 View/Print Coversheet

I have read and understood the coversheet and that I may print it for my records.

☐ \* I understand

**Next** 





With whom did you want to go to the prom? ▼

Noone

What is the first line of your favorite song or poem? ▼

Holy

## Arrow Sculpture

Landmarks 

Go

### Answer: C





This part of the website is a tool to see if you might be able to get benefits.

- Food Assistance
- Medical Services
- Cash Assistance

This website is private and secure and will take about 10 to 20 minutes to see if you may be eligible

We will ask you to tell us about:

- The people in your home
- The money you get from a job or other places
- Your housing costs like rent, mortgage, and utilities
- Some of the things you own
- A few of your other bills

When you're finished, we'll tell you if you might be able to get help through assistance programs that provide:

- Cash Aid for Families with Children (CalWORKs)
- CalFresh - SNAP (Food Stamps)

You can use this site from any computer with an internet connection. You can take your time and return to this site at any time.

Read additional information about:

- Special Rules for [CalWORKs](#)
- Special Student Rules for [CalFresh - SNAP \(Food Stamps\)](#)

Ready to get started? Click the Next button to get started.





# Help

Search

Go

## How to make changes to your MyBenefits Account

Clicking the **Settings** link on the home page will allow you to make changes to your MyBenefits account.

Updating or making changes to your account is easy. After you Sign In to your account, look for the **Settings** link located on the top of the MyBenefits Overview page. Once you have clicked on the link, you will see four different tabs: **Personal Info**, **Sign-In Info**, **Detail Info**, and **Password**. You can make different updates/changes in each tab.

## You can make the following updates or changes in these tabs:

### Personal Info

- First Name
- Middle Name
- Last Name





# Apply for Benefits

Sacramento County

**Certification**

?

Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, the County may ask you to send proof.

**Nondiscrimination**

It is the State and County's policy that all people be treated equally, and with respect and dignity. In accordance with federal law and the U.S. Department of Agriculture (USDA) Policy, discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disabilities is strictly prohibited.

To file a complaint of discrimination, either contact your County's Civil Rights Coordinator, or write to, or call, the USDA or California Department of Social Services (CDSS):

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞





# Apply for Benefits

Sacramento County

## Certification



This means that you got more cash aid than you should have gotten. Just like with CalFresh benefits, you will have to pay it back even if the County made an error or if it wasn't on purpose. Your cash aid may be lowered or stopped. Your SSN may be used to collect the amount of benefits owed, through the courts, other collection agencies, or federal government collection action.

### Reporting

Every household that gets benefits must report certain changes. Your county will tell you what changes to report, how to report them, and when to report them. Failure to report the changes may result in your benefits be lowered or stopped. You can also report if things happen that may

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞

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connection. You can take your time and return to this site at any time.

Read additional information about:

- Special Rules for [CalWORKs](#)
- Special Student Rules for [CalFresh - SNAP \(Food Stamps\)](#)

Ready to get started? Click the Next button to get started.

## Insurance Affordability Programs

Starting in 2014, most people will be required to have health insurance. Find out how much your health insurance might cost using the Covered California Cost Calculator. [Connect to Covered California](#)

**Next** ➞

Please Use the 'Next' and 'Back' buttons on the bottom of the pages to move from page to page, instead of using the buttons on your web browser (do not use the arrow buttons at the top).

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## Food Assistance Programs

☐ Food Assistance (CalFresh)

The [CalFresh Program](#), formerly known as Food Stamps and federally known as the Supplemental Nutrition Assistance Program (SNAP), can add to your food budget to put healthy and nutritious food on the table. The program issues monthly electronic benefits that can be used to buy most foods at many markets, farmers' markets and food stores.

## Medi-Cal/Health Care Programs

☐ Insurance Affordability Programs (IAP)

[Insurance Affordability Programs \(IAP\)](#) include Medi-Cal, Advance Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR).

☐ County Medical Services Program (CMSP)

The [County Medical Services Program \(CMSP\)](#) provides health coverage for needy adults.

✕ Exit

Next ➞

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# Apply for Benefits

Sacramento County

## **READ ME FIRST - IMPORTANT**

shopping cart, and for health coverage, it is an ambulance. If you are not applying for a program, for example, cash aid, you don't need to answer questions marked only with a dollar sign.

- Give the application to the County in person, by mail, by fax or online.
- The day the County receives your signed application starts the time to give you an answer on whether you can get benefits. If you are in an institution, this time starts from the day you leave.

## What do I do next?

- Read about your rights and your responsibilities (Program Rules pages) before you sign the

View/Print Coversheet

I have read and understood the coversheet and that I may print it for my records.

☐ \* I understand

**Next**



bcw.mybenefitscalwin.org/



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Contact Phone

(916) 562-5584

Alternate/Cell Phone

Message/Work

Extension



Email address

jaakovos@gmail.com

Alternate email address

What is the best way for the county to contact you?

Email address



**\*Disclaimer - supported communication methods vary by county.**

What is the best day and time to reach you, Monday through Friday 8:00 A.M. - 5:00 P.M.?

Tuesday at 3

What is your preferred method of communication?





Step 1: Please enter your Date of Birth below:

\* Date Of Birth:

08/11/1970

Example: MMDDYYYY

Step 2: Please select the additional option you would like to use to confirm your identity:

**Social Security Number** >

**Case Information** >

**EBT Card** >

Save

**Change County** >

**Password** >

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# Apply for Benefits

Sacramento County

3% Completed



People



Income



Resources



Expenses



Finish

## People – Your Info

These questions are about you.

Fill out as much of this application as you can, sign, and submit online. Your application will be effective from the business date your online application is received.

Applications submitted online after 5:00 pm will be effective the next business day. If our office is closed on a working business day due to any reason except holidays, your online application will be considered filed on the day the office is closed when submitted before 5:00 pm.

For CalFresh applications: You have the right to submit an application with just your name, address and signature to establish your filing date for benefits.

### \*Where You Live



What county do you live in?

Sacramento



Are you [homeless](#)?



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# Apply for Benefits

Sacramento County



People



Income



Resources



Expenses



Finish

## Important Information for Applicants

from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with you and with employers, banks, or others. Fraudulent participation in the CalFresh Program may result in criminal or civil action or administrative claims.

Providing your SSN is not required when you first submit your application. However, you will be asked to give us information to figure the eligibility and benefits for other members of your household. You usually have to give us your SSN(s) or proof of application for your SSN(s) before we can give you any benefits. We can deny you or any member of your household benefits for failure to provide an SSN.

protected by reCAPTCHA

[Privacy](#) - [Terms](#)



✕ Exit

Next ➞





Case #:

1B4TN89

Zip Code:

95822

or

County Provided Client Identification Number (CIN):

**EBT Card**



**Save**

**Change County**



**Password**



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# Apply for Benefits

Sacramento County

3% Completed



People



Income



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Expenses



Finish

## People – Your Info

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**Fill out as much of this application as you can, sign, and submit online. Your application will be effective from the business date your online application is received.**

**Applications submitted online after 5:00 pm will be effective the next business day. If our office is closed on a working business day due to any reason except holidays, your online application will be considered filed on the day the office is closed when submitted before 5:00 pm.**

**For CalFresh applications: You have the right to submit an application with just your name, address and signature to establish your filing date for benefits.**

## **Contact Information**

**\* Please provide a phone number or email address.**

If you do not have a phone or an email address please check this box:

☐ I do not have a phone or an email address.



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# Apply for Benefits

Sacramento County

## **READ ME FIRST - IMPORTANT**

help getting proof. During the interview, the County will go over the information on the application and will ask you questions to see if you can get benefits and the amount of benefits you can get.

### Proof Needed to Get Benefits

- Identification (Driver's License, State ID card, passport).
- Birth certificates for everyone applying for cash aid.
- Where you live (a rental agreement, current bill with your address listed).
- Social Security Numbers for everyone applying for aid (see note below about certain noncitizens).
- Money in the bank for all the people in your

 View/Print Coversheet

I have read and understood the coversheet and that I may print it for my records.

☐ \* I understand

**Next** 





Hi James! Sacramento

## Am I Eligible

In order to apply for benefits on-line, you have to complete and electronically sign the application. To get started click Apply For Benefits below.

## I would like to...

[View MyBenefits](#) >

[See if I Am Eligible](#) >

[Apply for Benefits](#) >

[View or Continue an Application](#) >

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mybenefitscalwin.org/group/Sac

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business day due to any reason except holidays, your online application will be considered filed on the day the office is closed when submitted before 5:00 pm.



 **YOUR NAME**

First Name

James

Middle Initial (optional)

E

Last Name

Horton

Maiden/Other Name (optional)

Suffix (optional)

Sr.

 Back

 Exit

**Next** 

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# Apply for Benefits

Sacramento County

## Certification



- lose cash aid for 6 months, 12 months, 2 years, 4 years, 5 years or forever.

### Important Information for Noncitizens

- You can apply for and get CalFresh benefits or cash aid for people who are eligible, even if your family includes others who are not eligible. For example, immigrant parents may apply for CalFresh benefits or cash aid for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible.
- Getting food benefits will not affect you or your family's immigration status. Immigration information is private and confidential.
- The immigration status of noncitizens who are eligible and

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞

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<https://www.mybenefitscalwin.org>



Step 1: Please enter your Date of Birth below:

\* Date Of Birth:

08/11/1970

Example: MMDDYYYY

Step 2: Please select the additional option you would like to use to confirm your identity:

**Social Security Number**







# Apply for Benefits

Sacramento County

## **READ ME FIRST - IMPORTANT**

### How long will it take?

It may take up to 30 days to process your application for CalFresh. For cash aid and Medi-Cal it may take up to 45 days. Ask the County how to get your benefits or health care right away if you have an emergency.

You may be able to get CalFresh benefits within 3 calendar days if:

- Your household's monthly gross income (income before deductions) is less than \$150 and your cash on hand or in checking or savings accounts is not more than \$100; or
- Your household's housing costs (rent/mortgage and

 View/Print Coversheet

I have read and understood the coversheet and that I may print it for my records.

☐ \* I understand

Next 





# Apply for Benefits

Sacramento County

**READ ME FIRST - IMPORTANT**

## APPLICATION FOR CALFRESH , \$ CASH AID , AND/OR MEDI-CAL/HEALTH CARE PROGRAMS

If you have a disability or need help with this application, let the County Welfare Department (County) know and someone will help you.

If you prefer to speak, read, or write in a language other than English the County will get someone to help you at no cost to you.

### How do I apply?

Use this application if you are for applying for food assistance (CalFresh), cash aid (California Work

View/Print Coversheet

I have read and understood the coversheet and that I may print it for my records.

☐ \* I understand

Next





have a way for us to call you, please come into an office near you to apply. Click on 'Contact Us' for more information and a list of our office locations.

## What To Expect When Applying for Benefits

You must answer all questions that are marked with an\*

You will be asked information about your household's resources, income, and expenses. You might want to gather the following information to help you complete the application:

- Copy of your pay stub
- Bills you pay, like rent, utilities, childcare
- View a list of [documents](#) you will be asked to provide

When you sign in with a MyBenefits CalWIN account your information is saved as you complete each page, that way you can return later if you don't finish the first time. Your work will be available for 60 days.

When you have answered all questions, you can upload electronic copies of required documents.

You will also have an opportunity to register to vote.

At the end of the application process you will see a Confirmation Page. If you do not see this page your application has not been submitted.

**Next** ➔

Please Use the 'Next' and 'Back' buttons on the bottom of the pages to move from page to page, instead of using the





# Apply for Benefits

Sacramento County

## Certification



PIN lost or stolen will NOT be replaced.

- You can use your CalFresh benefits to buy almost all foods, as well as seeds and plants to grow your own food. You cannot buy alcohol, tobacco, pet food, some types of cooked food, or anything that is not food (like toothpaste, soap, or paper towels).
- CalFresh benefits are accepted at most grocery stores and other places that sell food. Cash aid can be used at most stores and most ATMs. Some ATMs may charge a fee. There may also be a fee if you use an ATM to get cash after three withdrawals. For a list of locations near you that accept EBT please go to: <https://www.ebt.ca.gov> or <https://www.snapfresh.org>. You can also find out where you can get cash without paying a fee.

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞

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# Apply for Benefits

Sacramento County

## Certification



- CalFresh benefits are only for you and your household members. Your cash aid is only for you and the members of your family who were approved for cash aid. Your cash aid is to help meet the basic needs of your family (housing, food, clothing, etc.). Keep your benefits safe. Do not give out your PIN number. Do not keep your PIN number with your EBT card.
- Any use of your EBT card by you, a household member, your authorized representative, or anyone you voluntarily give your EBT card and PIN to will be considered approved by you and any benefits taken from your account will NOT be replaced.

### Medi-Cal and Health Care:

Review the certification statement. Use the scroll bar to the right of the statement to move the document up and down.

☐ \* I understand

✕ Exit

Next ➞

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# Help

## How do I apply for RCA?

You can apply for RCA by completing an online application. You can also apply by going to the local county office during business hours. View [Contact Us](#) to find the office near you.

## How do I know if I qualify for RCA?

- You may be eligible for RCA if you meet all of the following conditions:
- You have resided in the United States for less than eight months;
- You meet the immigration status requirements
- You meet the income and resource requirements
- You meet the work and training requirements
- You provide the name of the voluntary agency (VOLAG) which helped bring you to this country.

## What are reasons for not being eligible for RCA?

- Individual is eligible for Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI); or
- Individual has been denied TANF due to their refusal to meet TANF eligibility requirements; or
- Individual is employable and has voluntarily quit or refused to accept a valid offer of employment within thirty consecutive days immediately prior to your application for RCA; or
- Individual is a full-time student in a college or university.





# Your MyBenefits CalWIN Account Request



Inbox



do\_not\_reply@calwin.org

to me

[Hide details](#)



From: [do\\_not\\_reply@calwin.org](mailto:do_not_reply@calwin.org)

To: [jaakovos@gmail.com](mailto:jaakovos@gmail.com)

Date: Nov 13, 2020, 1:30 PM

[View security details](#)

This email has been sent in response to your request for a forgotten MyBenefits CalWIN password. To initiate the password reset process you must click the link below:

<https://www.mybenefitscalwin.org/mbp/getstarted/passwordreset.htm?si05=YTI4YWlwYmVIMTYwYjdjMjZmN2M2MWVhM2M2Y2YzOWE=BCW&tp22=MTg1Yzk1JTViYTI4NmEzZDk1Yzk4NmNkJTc2NGJlJTc=BCW>

If clicking the link above doesn't work, please copy and paste the URL in a new browser window instead.

Note: Please contact the County if you have any issues. To get your Counties contact information select the Contact Us button on the MyBenefits CalWIN homepage.